



## Player Medical Release

THE UNDERSIGNED:

August 17, 2017

Guardian of Athlete \_\_\_\_\_

A minor and participating Basketball athlete with HUDSON VALLEY ELITE, hereby authorize an officer, coach or agent of the HUDSON VALLEY ELITE to transport, as required, the above mentioned athlete for any medical attention.

I hereby give my consent for said athlete to receive any and all medical care necessary to be administrated as prescribed by a duty Licensed Doctor under what ever conditions are necessary to preserve the life, limb, or well being of said athlete.

The hereunder information is to be presented to a Licensed Doctor.

### Athlete's Information

First Name

Home Address

Last Name

Home Address  
Line 2

Middle  
Initials

City

DOB

State

Email

Zipcode

Phone

### Parent's Information

Parent  
Name

Parent Name

Parent  
Phone

Parent Phone

Parent  
Email

Parent Email

### Emergency Contacts

Contact  
Name

Contact Name

Contact  
Phone

Contact Phone

Contact  
Email

Contact Email

## Medical Information

Insurance  
Name

Insurance  
ID

Know Allergies

Other Medical  
Information